

## M&E CHECKLIST FOR COVERED LINKWAY Commuter Facilities and Systems Management (Maintenance Related)

**Project:** \_\_\_\_\_

(√) Tick the appropriate box for all items

| Standard Requirements  | Yes                      | NA | Remarks |
|--|--------------------------|----|---------|
| <b>1. General</b>  |                          |    |         |
| 1.1 Summary list of proposed items, with brand & model, to be used on site.  | <input type="checkbox"/> |    |         |
| 1.2 Electrical and lightning protection system installations embedded in the slab of PUB drains complied with LTA's requirements (if applicable).                    | <input type="checkbox"/> |    |         |
| 1.3 Consult LTA's Commuter Facilities & Systems Management if the roof alignment of the covered linkway affects any existing Street Lights.                          | <input type="checkbox"/> |    |         |
| <b>2. Electrical Distribution</b>  |                          |    |         |
| 2.1 Power supply source is standalone i.e. supply source does not come from building switch board or share with building system.                                     | <input type="checkbox"/> |    |         |
| 2.2 The control switches/MCB for the different facilities are independent e.g. control switch for covered linkway only control the lightings within covered linkway. | <input type="checkbox"/> |    |         |
| 2.3 The OG box shall be located adjacent to the covered linkway and shall not in any way obstruct the view of motorists/road users.                                  | <input type="checkbox"/> |    |         |
| <b>3. Lighting Design and Light Fittings</b>   |                          |    |         |
| 3.1 The mounting details of the light fittings to the covered linkway beams/columns are included.  | <input type="checkbox"/> |    |         |
| 3.2 The light throw of the light fittings is not affected by beams/columns i.e. minimise the discrepancy between the simulated lux and completed site measured lux.  | <input type="checkbox"/> |    |         |

\_\_\_\_\_  
Qualified Person (QP)

\_\_\_\_\_  
Date

Note: This checklist is to be submitted for every submission/re-submission.